STATE OF MARYLAND

DHMH

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September 21, 2012

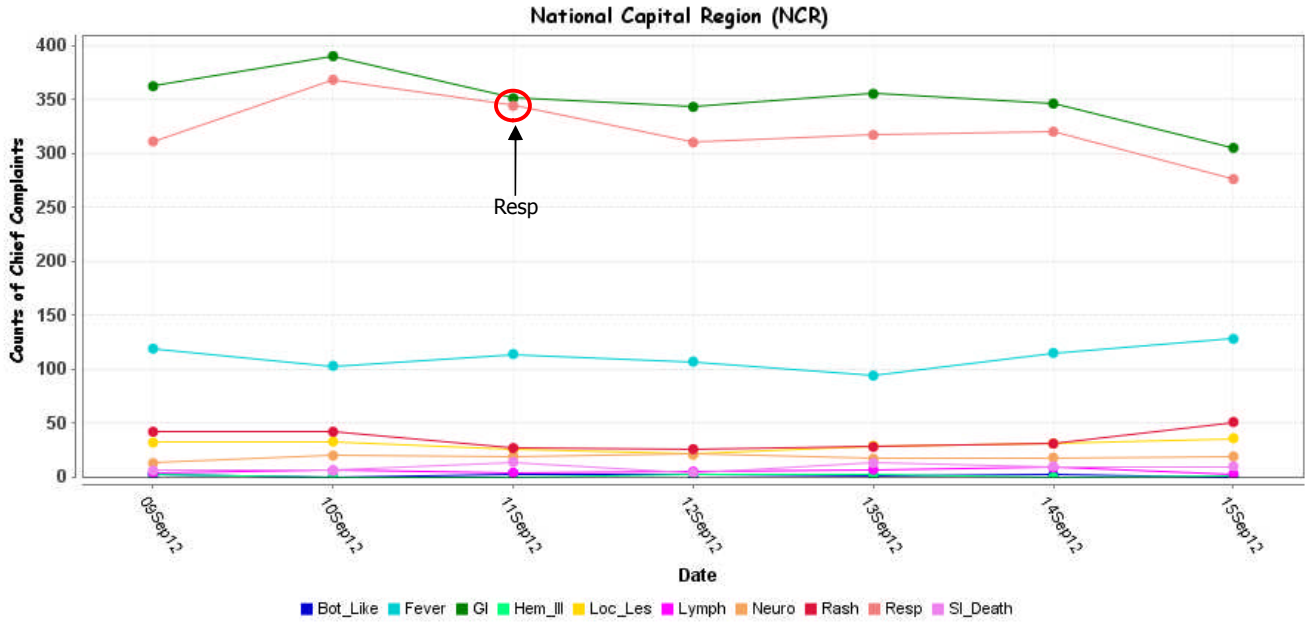
Public Health & Emergency Preparedness Bulletin: # 2012:37
Reporting for the week ending 09/15/12 (MMWR Week #37)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: **No Active Alerts**
Maryland: **Level One (MEMA status)**

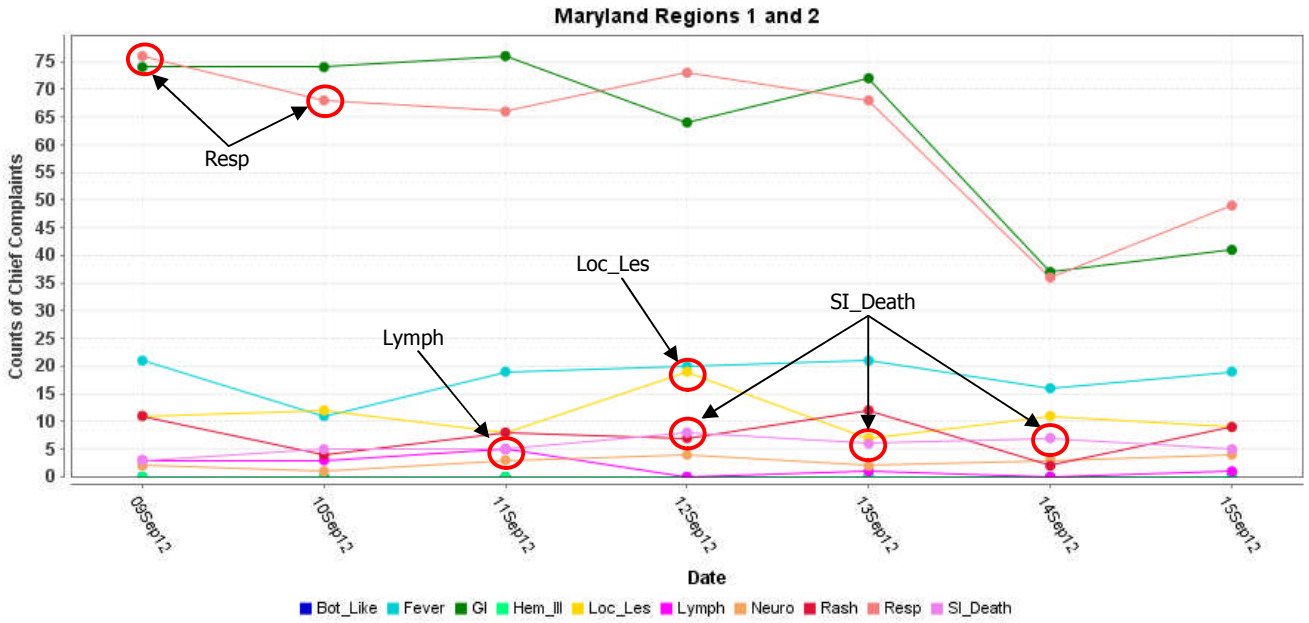
SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

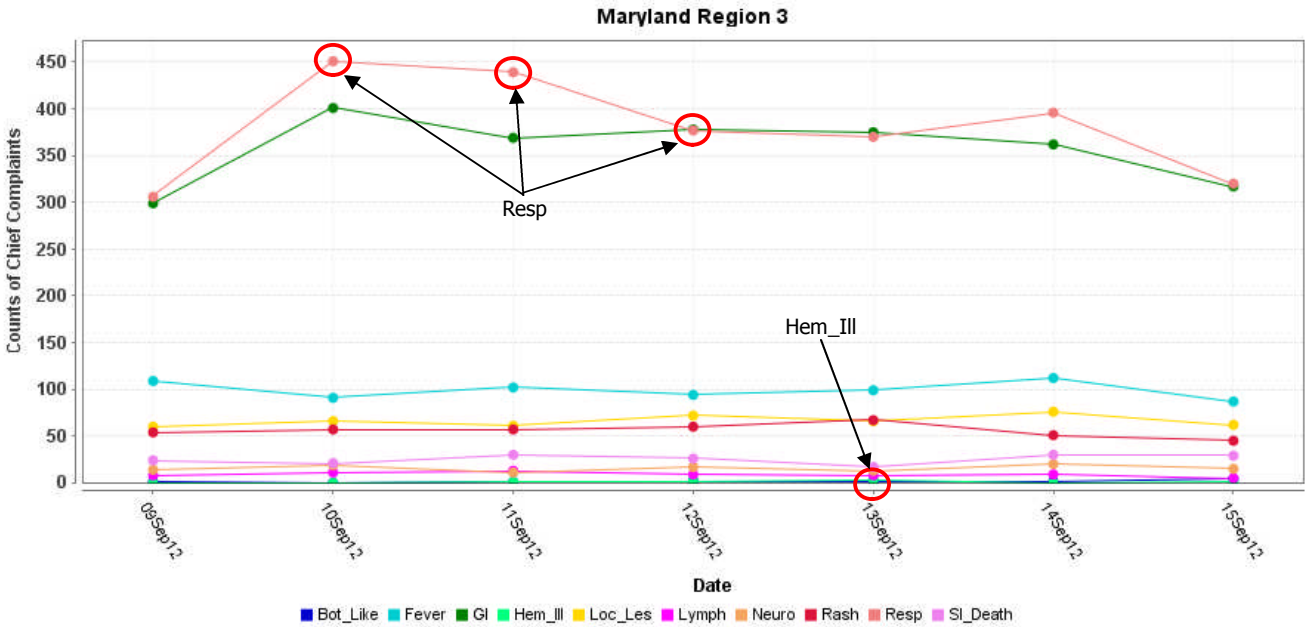


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

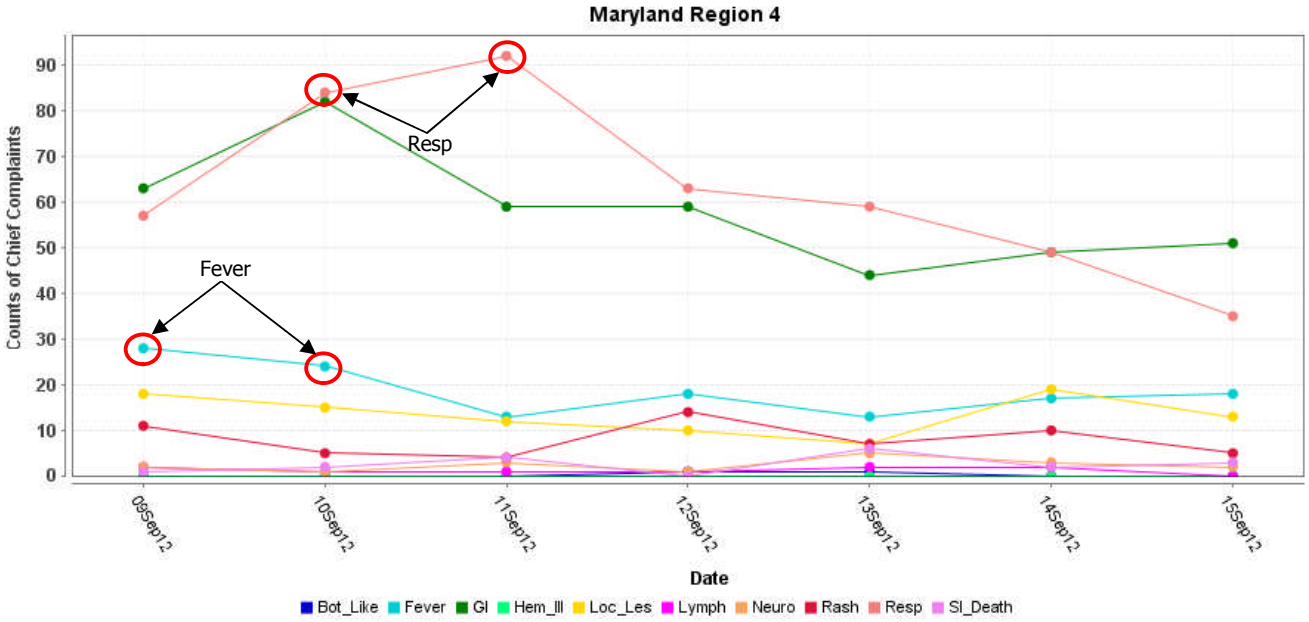
MARYLAND ESSENCE:



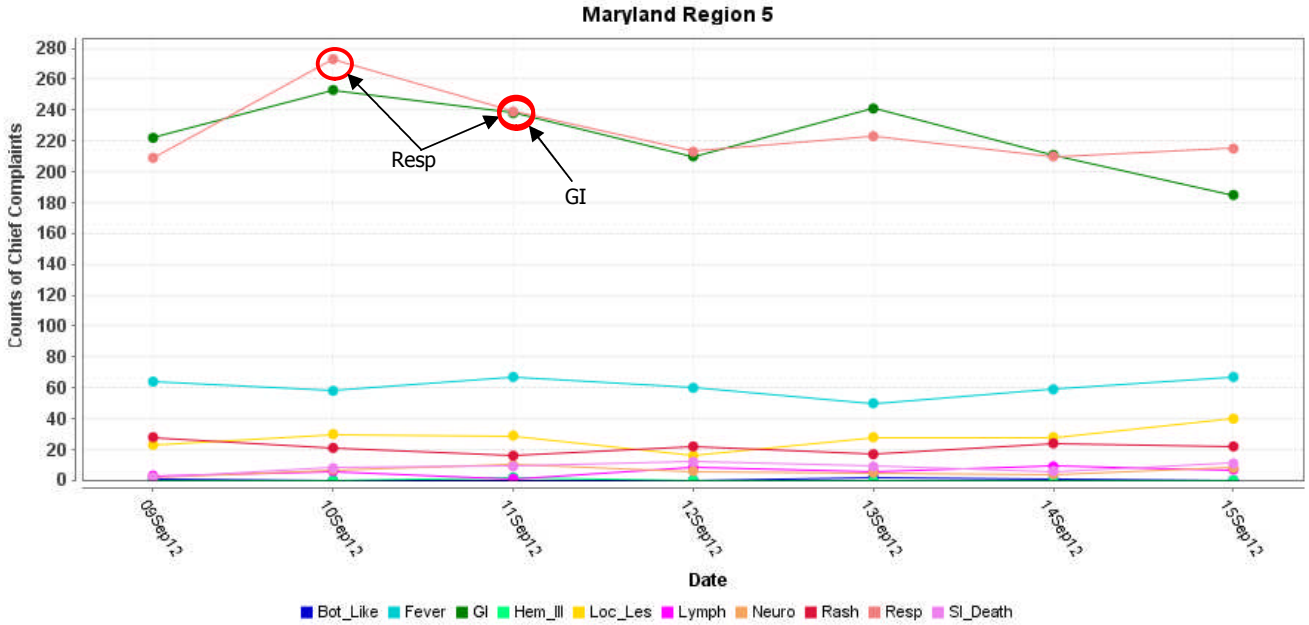
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



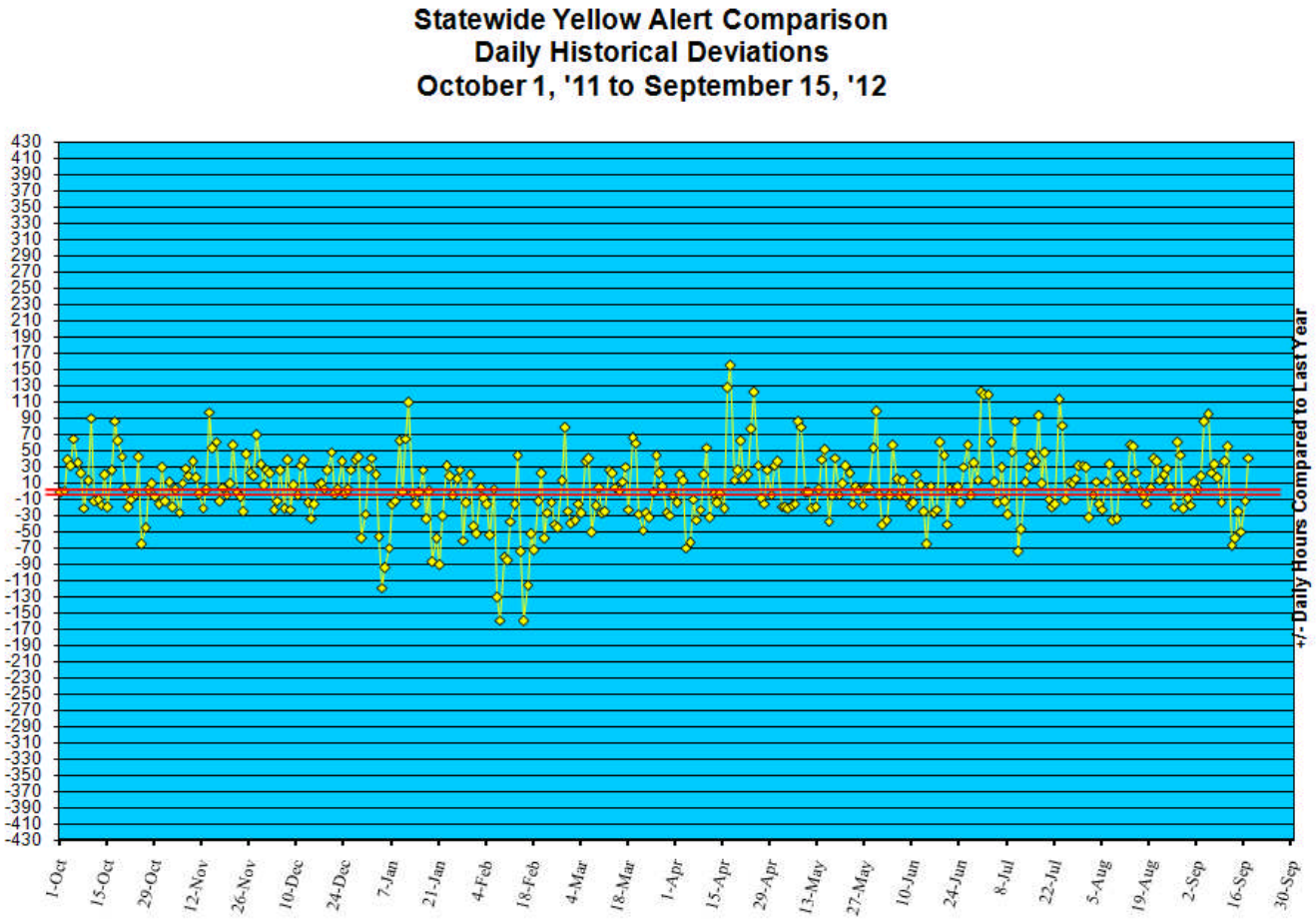
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in June 2012 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (September 9 – September 15, 2012):	18	0
Prior week (September 1 – September 8, 2012):	6	0
Week#37, 2011 (September 11 – September 17, 2011):	8	0

2 outbreaks were reported to DHMH during MMWR Week 37 (September 9-15, 2012)

1 Gastroenteritis outbreak
1 outbreak of GASTROENTERITIS in a Nursing Home

1 Respiratory illness outbreak
1 outbreak of Respiratory illness in an Assisted Living Facility

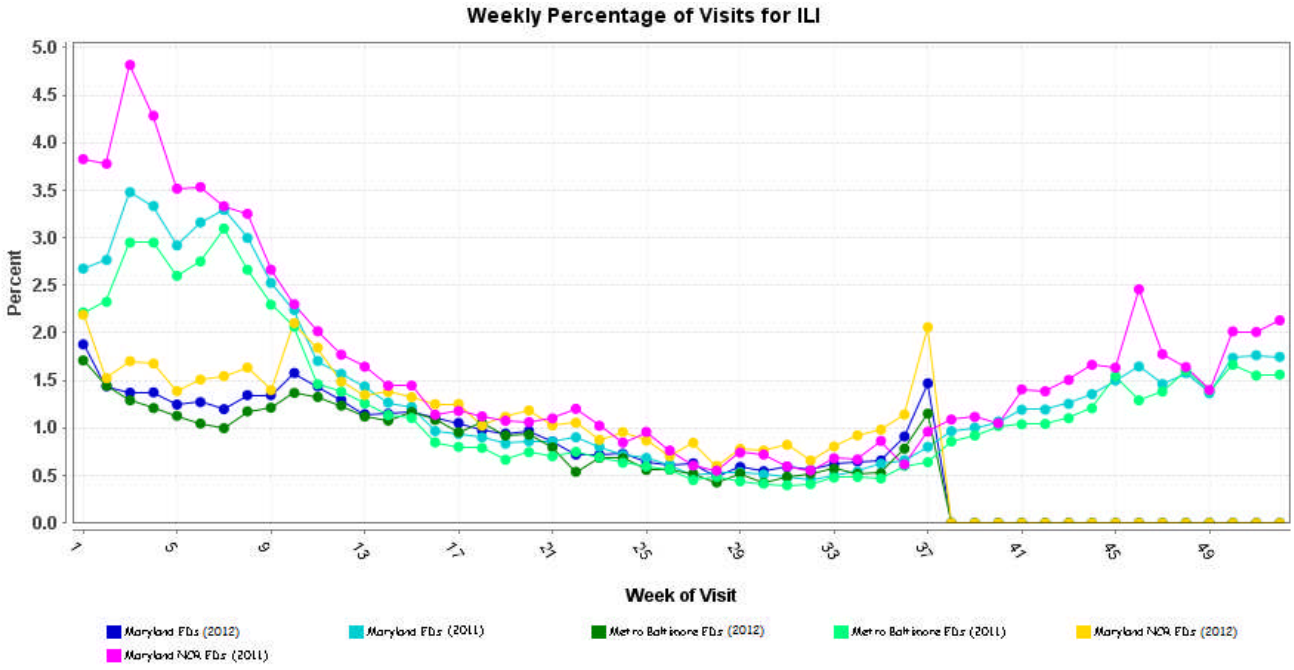
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

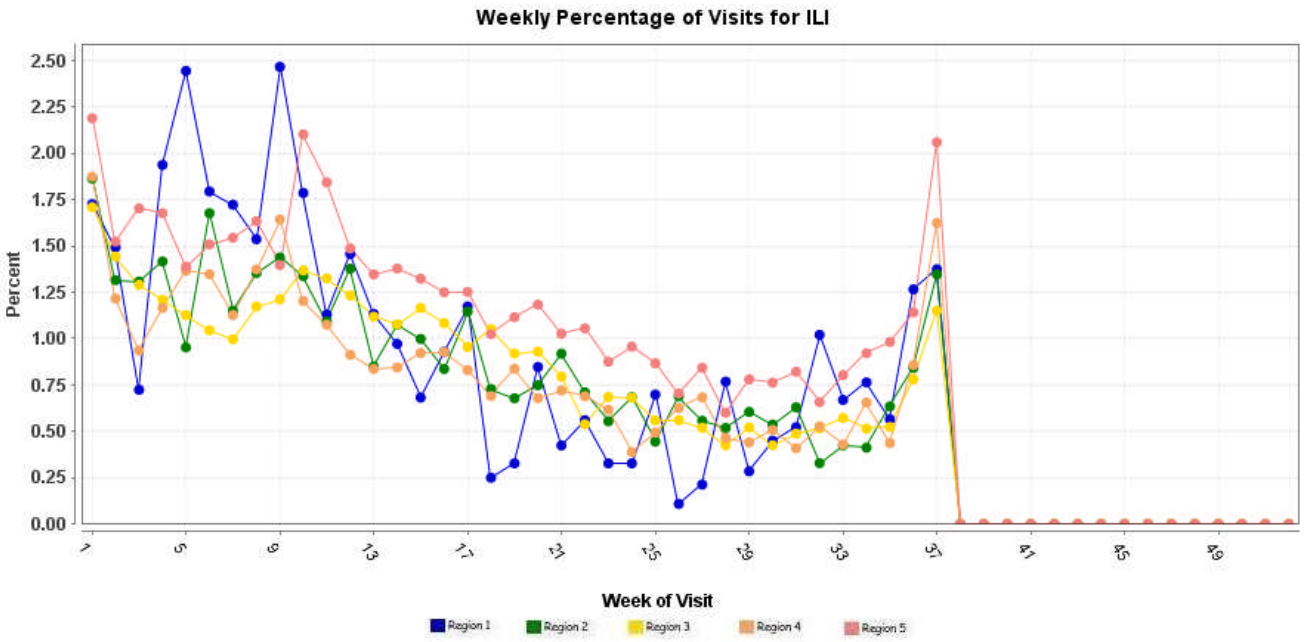
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



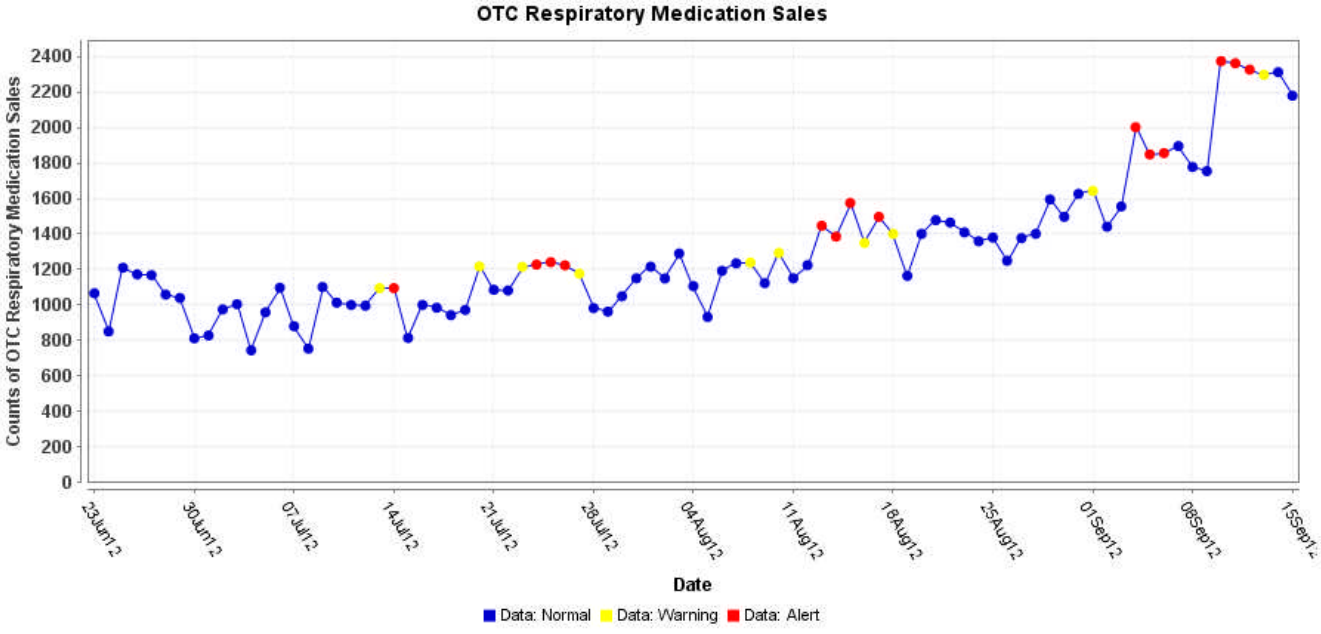
* Includes 2011 and 2012 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2012 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of August 10, 2012, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 608, of which 359 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA (VIET NAM): 10 September 2012, A new bird flu strain is developing unexpectedly in Viet Nam and causing great concern to the government and public. According to the National Animal Health Diagnosis Center, the new strain of bird flu virus, which is suspected to have higher risk of causing human death than previously known ones [see comment], appeared in July 2012 and widely spread in August 2012 in Viet Nam's 7 central and northern provinces. Hoang Van Nam, head of Ministry of Agriculture and Rural Development (MARD)'s Animal Health Department, said that this virus, thought to belong to H5N1 Clade 2.3.2.1, is different from the 2 strains of A and B that appeared in Viet Nam in 2011, due to its higher pathogenic risk [pathogenicity]. According to the department, as of 6 Sep 2012, the new virus strain has attacked 7 central and northern cities and provinces, including Hai Phong, Thanh Hoa, Ha Tinh, Ninh Binh, Nam Dinh, Bac Can and Quang Ngai, and over 180 000 infected poultry have been culled so far this year [2012]. Apart from the newly-found strain of the virus, the bird flu has developed unexpectedly in the country so far this year [2012]. Normally, avian influenza appears shortly before or after the traditional lunar Tet holidays (which often fall in late January and early February). However, it has appeared since July this year [2012] and spread fast without warning. In the Central Highlands' Dak Lak province, about 30 influenza epidemic spots were found in only one day. According to local experts, the epidemic will become more complicated once it reaches its peak in the coming months. MARD has instructed the department to strictly supervise the import of poultry, especially breeding chicks, which are believed to make the suspected new strain virus spread faster [Are imported breeding chicks (from where?) suspected of introducing infection or of being excessively susceptible to local infection? Clarification will help. - Mod.AS]. Meanwhile, according to the Central Epidemic Prevention Institute, since August last year [2011], the UN Food and Agriculture Organization (FAO) has warned of the change of the virus A/H5N1. Clade 2.3.2 is in many Asian countries, including Viet Nam, and that change is usual during the natural evolution of the virus. "This is a small change of the virus that creates a new strain, not yet a new virus. However, close supervision of the virus which is spreading among poultry should be taken so as to discover its change and set forth an appropriate strategy to fight the epidemic and protect human health," the Institute Director Nguyen Tran Hien told local media late last week. "Through strict supervision on human flu infected cases, we found nothing unusual. The most concern is that the virus A/H5N1 is spreading among poultry, and it can continue to have small changes, re-arrange the gene, and reunite with virus circulated among animals and human beings to become a new, highly-toxic strain and transmissible to human beings," Hien said. He also suggested the veterinary sector closely cooperate with the health service to enhance supervision on the avian flu among poultry and human beings as well as apply preventive measures so as to prevent the spreading of the disease among poultry and from poultry to human beings. As of 6 Sep 2012 [since the beginning of 2012], 4 [human] cases of A/H5N1 infection have been recorded with 2 deaths in Viet Nam, but the new strain of bird flu virus has not yet been found in humans, reported MARD.

NATIONAL DISEASE REPORTS*

CRYPTOSPORIDIOSIS (IDAHO): 11 September 2012, Officials with the South Central Public Health District are warning swimmers that a parasite outbreak is making some southern Idaho residents sick. A press release from the health district says cases of cryptosporidiosis have been reported in Gooding, Lincoln, and Twin Falls counties over the past 10 days. The parasite *Cryptosporidium* can live in human and animal [cattle] digestive tracts and can spread through swimming pools and other recreational water sites that are contaminated with human or animal waste. People usually contract the illness by swallowing contaminated water. It causes diarrhea, cramping, fever, nausea and vomiting and most people recover without medication. District Health epidemiologist Mary Jensen told The Times-News that anyone with the illness should stay out of the water for at least 2 weeks after their symptoms subside. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LEGIONELLOSIS (PENNSYLVANIA): 11 September 2012, The Comfort Suites hotel in Grantville, Pennsylvania is dealing with an outbreak of legionnaires' disease. Guests who stayed at the Comfort Suites hotel in Grantville have contracted legionnaires' disease. Recent hotel guests have been notified as an ongoing investigation takes place. It is unclear how many guests have been affected so far. The Pennsylvania Department of Health and the Pennsylvania Department of Environmental Protection are leading the investigation. In a test of the water conducted on [23 Aug 2012], officials found that the hotel's water system tested positive for *Legionella*, the bacteria that cause the disease. The hotel is working with the health departments to clean the water system and to develop a plan to prevent future legionellosis outbreaks. Guests have been advised to seek medical attention if they become ill and to report the illness to health departments. Legionnaires' disease is a severe form of pneumonia that comes from _Legionella_ bacteria that live in warm water. The bacteria can be breathed in from water particles in the air. Symptoms start to show 2 weeks after exposure and include a high fever, headache, and chills. This then develops into pneumonia-like symptoms, such as a cough, chest pain, or shortness of breath. Between 8000 and 18 000 people are infected with legionnaires' each year in the US, according to the federal Centers for Disease Control and Prevention. Most people exposed to *Legionella* do not become sick, but between 5 and 30 percent of cases are fatal. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LISTERIOSIS (USA): 11 September 2012, As of 11 Sep 2012, a total of 14 persons infected with the outbreak strain of *Listeria monocytogenes* have been reported from 11 states and the District of Columbia. The number of ill persons identified in each state is as follows: California (1), Colorado (1), District of Columbia (1), Maryland (3), Minnesota (1), Nebraska (1), New Jersey (1), New Mexico (1), New York (1), Ohio (1), Pennsylvania (1), and Virginia (1). All 14 ill persons have been hospitalized; 3 deaths have been reported. Collaborative investigation efforts of local, state, and federal public health and regulatory agencies indicate that imported ricotta salata cheese is the likely source of this outbreak. On 10 Sep 2012, Forever Cheese, Inc.

recalled one lot of Frescolina brand ricotta salata cheese due to *L. monocytogenes* contamination. The cheese was sold to distributors for retailers and restaurants in California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Maine, Maryland, Massachusetts, Montana, New Jersey, New Mexico, New York, Ohio, Oregon, Pennsylvania, Virginia, and Washington between 20 Jun and 9 Aug 2012. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

EASTERN EQUINE ENCEPHALITIS (MASSACHUSETTS): 13 September 2012, A man in his 60s from southeastern Massachusetts is the 4th Massachusetts resident to be infected with Eastern equine encephalitis [virus] and is currently hospitalized. The case in a Plymouth County resident triggered state public health officials to raise the threat level for the mosquito-borne illness to "high" in the southeastern communities of Duxbury, Marshfield, Norwell, and Plymouth, and they are recommending that outdoor evening events be cancelled until the 1st hard frost. "Today's announcement is yet another serious reminder that the threat of mosquito-borne illness is still with us, and will remain so until we see the 1st hard overnight frost," said state epidemiologist Dr. Al DeMaria in a statement. "People need to continue to use insect repellant, cover up exposed skin, and avoid being outdoors at dusk and after nightfall when mosquitoes are at their most active." Last year, 2 people were infected with EEE [virus] in Massachusetts. A Bristol County man died of the disease and the other case was a tourist. Among the 4 people infected this summer was a Worcester man in his 70s who died of the disease. (Viral Encephalitis is listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

ANTHRAX (ENGLAND): 10 September 2012, The Health Protection Agency (HPA) is aware that a person who injected heroin has died from anthrax infection in Blackpool Victoria Hospital [England]. This death has occurred 3 weeks after another person who [injected] drugs also died in Blackpool from confirmed anthrax infection. There is an ongoing outbreak of anthrax among people who inject drugs (PWID) in a number of countries in Europe with 10 cases identified since early June [2012]. The latest case in Blackpool brings the total number affected in the UK to 4 -- 2 in England (both fatal), one in Scotland, and one in Wales (both recovering). The source is presumed to be contaminated heroin. It is unclear as yet whether these recent cases are linked to the cases in Europe (3 in Germany, 2 in Denmark, and one in France) but the HPA is continuing to monitor the situation. The European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) have concluded that heroin users in Europe are still at risk of exposure to anthrax. Dr Fortune Ncube, an expert in blood-borne viruses with the HPA, said: "Anthrax can be cured with antibiotics, if treatment is started early. It is therefore important for medical professionals to know the signs and symptoms to look for, so that there will be no delays in providing treatment. "It's likely that further cases among people who inject heroin will be identified as part of the ongoing outbreak in EU countries. The Department of Health has alerted the NHS of the possibility of PWID presenting to Emergency Departments and Walk-in Clinics, with symptoms suggestive of anthrax. Drug users may become infected with anthrax when heroin is contaminated with anthrax spores. This could be a source of infection if injected, smoked, or snorted. There is no safe route for consuming heroin or other drugs that may be contaminated with anthrax spores. Dr Ncube, added: "The HPA is warning people who use heroin that they could be risking anthrax infection. We urge all heroin users to seek urgent medical advice if they experience signs of infection such as redness or excessive swelling at or near an injection site, or other symptoms of general illness such a high temperature, chills, severe headaches, or breathing difficulties. Early treatment with antibiotics is essential for a successful recovery." (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

LEGIONELLOSIS (SPAIN): 10 September 2012, The Public Health Agency is investigating the source of an outbreak of *Legionella pneumonia* [Legionnaires' disease] in Blanes (Selva, Catalonia), which as of Monday [10 Sep 2012] had affected 8 people, of whom 3 were hospitalized. As reported by the Ministry of Health, the outbreak was detected over the course of last week [3-9 Sep 2012], and tests are still being carried out to determine its origin, which could be found in the cooling towers near a Blanes campground where the 1st reported cases were staying. Of the 8 infected people, 3 remain admitted to health centers -- one in the intensive care unit of the Doctor Josep Trueta Hospital and the other 2 in the Blanes and Granollers hospitals. The affected people are 3 Dutch tourists aged 59, 67, and 58; a 62-year-old Latvian woman; 3 men from the province of Barcelona, aged 48, 81, and 82; and a 54-year-old resident of Blanes. The 1st 3 cases detected were the Dutch tourists who were on holiday at a campsite in Blanes. As a result, health technicians initially suspected the camping facilities and applied the appropriate preventive treatments in the bathroom modules and a pool. A few days later, however, 3 other people who were staying in homes in the municipality were also affected, forcing the authorities to expand the search for the origin of the infection to other areas of Blanes. On Friday [7 Sep 2012], technicians took samples from the cooling towers of 2 municipal companies close to the campsite, but conclusive test results are not available yet. The Ministry of Health, who thanked the support of the City of Blanes in the implementation of outbreak control measures, noted that _Legionella_ is not spread by human contact and that it is completely safe for people to drink from the public water supply. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

PLAGUE (CHINA): 10 September 2012, The Centre for Health Protection (CHP) of the Department of Health received notification from the Ministry of Health (MoH) today, 10 Sep 2012, concerning a case of bubonic plague. A CHP spokesman said that according to the preliminary information from the MoH, 3 villagers in Ganzizhou, Sichuan Province, had consumed a dead marmot on 2 Sep 2012. One of them presented with painful swelling of lymph nodes on the right side on 4 Sep 2012 and was admitted to hospital on 7 Sep 2012. His condition deteriorated later and he died on the same day. According to the deceased's clinical characteristics, epidemiological investigation, and laboratory test results, the health authority of Sichuan Province confirmed the case as bubonic plague. The health authority has traced 59 close contacts of the deceased (including the other 2 villagers who had consumed the marmot) and carried out medical surveillance. None of them were symptomatic. "We are maintaining close liaison with the MoH in order to obtain more information on the case," the spokesman said. The Department of Health's Port Health Office will also alert the travel industry about the report. The spokesman reminded travellers to avoid visiting plague-endemic areas. People who need to travel to areas with plague reports have to be vigilant and have to observe precautionary measures including wearing long sleeved shirts and trousers to avoid being bitten by fleas and applying insect repellent. "They should seek medical attention immediately if they are feeling unwell," the spokesman said. (Plague is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

CRYPTOSPORIDIOSIS (WALES): 12 September 2012, 14 people in Gwent have been struck down by a bug that has triggered the closure of the swimming pool at the Newport Centre. Environmental and public health experts are investigating the outbreak of cryptosporidiosis - which can cause watery diarrhoea, stomach pain, nausea or vomiting and fever - with cases having been reported since mid-August [2012]. 7 of those affected had used the pool, and after water sampling revealed the presence of the bug *Cryptosporidium*, it was closed last Thursday [7 Sep 2012].
Investigations are continuing but it is not known how the other 7 people were infected. "We know that 7 of the 14 people who have become unwell since mid-August have visited the swimming pool at the Newport Centre," said Dr Lika Nehaul, consultant in communicable disease control for Public Health Wales. However, some had other possible exposure that could explain their infection, so we are keeping an open mind about any possible links. The pool

remains closed and no date has been set for its reopening. Cryptosporidiosis can affect people of any age but is most common in children aged 1-5 years. It is often associated with travel overseas and can be acquired from other people, from animals [cattle], and from drinking or swimming in contaminated water. Although outbreaks of cryptosporidiosis do occur, it is not unusual for Public Health Wales to be notified of sporadic cases throughout the year, that cannot be linked to others. There are up to 400 cases a year in Wales. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

EBOLA VIRUS (DEMOCRATIC REPUBLIC OF THE CONGO): 13 September 2012, An outbreak of the Ebola virus in the Democratic Republic of Congo has now killed 31 people and could threaten major towns, the World Health Organization (WHO) has warned. An epidemic was officially declared on 17 Aug [2012] in the north-western Orientale Province. WHO official Eugene Kabambi told Reuters that the situation was "very serious" and was "not under control". Ebola is highly contagious and kills up to 90 per cent of people infected. There is no known treatment or vaccine for the disease, which is spread by close personal contact [with body fluids] and causes massive internal bleeding. The death toll from this latest outbreak, centred on the towns of Isoro and Viadana, has more than doubled over the course of a week to 31. Up to 5 health workers are thought to be among the dead. "The epidemic is not under control. On the contrary the situation is very, very serious," Mr Kabambi warned, speaking in DR Congo's capital Kinshasa. "If nothing is done now, the disease will reach other places, and even major towns will be threatened," he said. Last month an outbreak of a more deadly Ebola strain in neighbouring Uganda killed 16 people, but health workers say the 2 outbreaks do not appear to be related. (Viral Hemorrhagic Fevers are listed in Category A on the CDC Lost of Critical Biological Agents) *Non-suspect case

**National and International Disease Reports are retrieved from http://www.promedmail.org/.*

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumoccocal meningitis, viral encephailitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephailitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable